

FILED SEP 11 1942

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 69

2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Andrew

(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 72 years, months or days

3. (a) PRINT FULL NAME Mollie Keaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 - 1854
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Spedd Wilson

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Willes

15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Ethelyn Willes

(b) Address MS Clook sub

17. (a) B (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Todd

18. (a) Signature of funeral director E. C. Breet

(b) Address Savannah MO

19. (a) 8-10-42 (b) JN Fritchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 15 _____, 1942 to Aug 8 _____, 1942 that I last saw her alive on Aug 8 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, & bacteria

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. P. Kelley (M. D. or other) _____

Address Savannah MO Date signed 8-10-42

Duration

8 mo. 8 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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1. PLACE OF DEATH:
(a) County andrew
(b) City or town savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mollie Keaton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11/4/42 (b) J.A. Fritchman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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SUPPLEMENTARY

